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Welcome ICF Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS**

April 19, 2021

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161

COVID-19 Updates

Panelist

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Reminder: Sign-up for GovDelivery to receive alerts

Go to:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

- **Enter your email address.**
- **Confirm your email address, select your delivery preference, and submit a password if you want one.**
- **Select your topics.**
- **When done click “Submit.”**



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Resources

The following resources are available on the [ICF Provider Portal](#):

- Under “COVID-19 Resources”
 - [Infection Control Basics & Personal Protective Equipment for Essential Caregivers](#)
 - [ICF/IID COVID-19 Response Emergency Rule \(PDF\)](#)
 - [Expanded Reopening Visitation Rules](#)
 - [COVID FAQ](#) *Updated*
 - [ICF COVID Response Plan](#) *Updated*
 - [ICF/IID Provider COVID-19 Vaccination Data Reporting Rule](#)
- Click on “Provider Communications”
 - [PL 21-04](#) HHSC COVID-19 Reporting Process
 - [PL 21-05](#) COVID-19 Vaccination Reporting
 - [PL 21-06](#) LTCR Waivers During Severe Winter Weather
 - [PL 21-10](#) COVID-19 Response – Expansion of Reopening Visitation (replaces PL 2020-43)

Revised: PL 2021-14

HHSC published an updated version of [Provider Letter 2021-14, Status of an Active License During a Renewal Process \(PDF\)](#) for ALF, DAHS, HCSSA, ICF, NF and PPECC providers.

The letter describes circumstances in which the active license of a LTC provider undergoing a license renewal or enforcement action may extend beyond the expiration date printed on the license. The update clarifies HHSC Enforcement's role in the renewal process.



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PL 2021-15

HHSC Long-term Care Regulation has published [Provider Letter 2021-15, Fingerprint-based Criminal History Checks for Current and Prospective Medication Aides \(PDF\)](#).

The letter notifies providers that beginning August 1, 2021, HHSC will require fingerprint-based criminal history checks for:

- medication aides who apply to renew their permits
- applications for the medication aide examination in accordance with [26 TAC §557.111](#).



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NHSN COVID-19 Module

HHSC has published the [National Healthcare Safety Network Long Term Care Facility COVID-19 Module Enrollment \(PDF\)](#).

ICFs/IID can enroll on the National Healthcare Safety Network (NHSN) COVID-19 module. Enrolling in the NHSN COVID-19 module provides long-term care facilities with a secure reporting platform. This allows for reporting outcomes and process measures in a systematic way so they can meet the DSHS reporting requirements for COVID-19 cases, testing and more.



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Clarification: COVID-19 Vaccination Reporting

A facility must report COVID-19 vaccination data to HHSC within 24 hours of the vaccinations. This is required by current emergency rules. HHSC expects providers to report **all known data**, no matter where the vaccine was administered or who administered it.

A facility that is aware of unreported resident or staff vaccinations must enter those into the survey by Tuesday, April 20, 2021. Failure to report known vaccinations may result in a citation from HHSC.

[ICF/IID Provider COVID-19 Vaccination Data Reporting Requirement](#)



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Clarification: COVID-19 Vaccination Reporting

Report all vaccinations administered on- or off-site.

Report vaccinations administered off-site, if you have not already done so.

Do not provide cumulative numbers - do not include totals from previous reports in a new report.

You can access the ICF survey at
<https://www.surveymonkey.com/r/95FQ52S>



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COVID-19 Reporting



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ICF/IIDs are **only required** to report to HHSC within 24 hours of:

- a facility's first positive case of COVID-19, or
- a new positive case of COVID-19 after a facility has been without a new case of COVID-19 for 14 days or more.

Facilities **should not** report COVID-19 positive cases to HHSC outside of the two reportable events listed above. Additionally, the reportable events listed above **do not** include a individual that was admitted to the facility with an active COVID-19 infection or a individual that developed COVID-19 while in quarantine upon being admitted to the facility.

COVID-19 Reporting



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If a facility has a **new** reportable COVID-19 positive case, and **has not reported** a COVID-19 positive case to HHSC **within the past 14 days**, the facility must:

- report the case to HHSC Complaint and Incident Intake (CII) through the Texas Unified Licensure Information Portal (TULIP) or by calling 1-800-458-9858 within 24 hours of the confirmed positive result; and
- complete and submit Form 3613-A Provider Investigation Report within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:
 - ❖ via TULIP
 - ❖ by email at ciiprovider@hhsc.state.tx.us; or
 - ❖ by fax at 877-438-5827

Updated Quarantine Guidance



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The following recommendations are based on what is known about currently available COVID-19 vaccines.

These recommendations will be updated as additional information, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines, becomes available.

This could result in additional circumstances when work restrictions for fully vaccinated staff are recommended.

Updated Quarantine Guidance



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Fully vaccinated refers to a person who is:

- at least 2 weeks following receipt of the second dose in a 2-dose series, or
- at least 2 weeks following receipt of one dose of a single-dose vaccine

For asymptomatic staff:

Fully vaccinated staff with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

(Cont. on next slide)

Updated Quarantine Guidance



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For asymptomatic staff (cont.):

Work restrictions for fully vaccinated staff with higher-risk exposures should still be considered for:

- Staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment)
- These conditions might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

(Cont. on next slide)

Updated Quarantine Guidance



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For asymptomatic staff (cont.):

Work restrictions for fully vaccinated staff with higher-risk exposures should still be considered for:

- Staff who have traveled should continue to follow CDC [travel recommendations and requirements](#), including restriction from work, when recommended for any traveler.

Updated Quarantine Guidance



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For asymptomatic individuals:

Quarantine is no longer recommended for individuals if they are fully vaccinated and have **not** had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

This includes new admissions, readmissions, and an individual who was gone overnight – as long as the individual did not have prolonged [close contact](#) with someone with a COVID-19 infection. These individuals may be admitted into or return to the COVID-19 negative cohort.

Updated Quarantine Guidance



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For asymptomatic individuals:

Fully vaccinated individuals should continue to [quarantine](#) **following prolonged close contact** with someone with COVID-19 infection.

Close contact = within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period

These individuals should be cared for using recommended [Transmission-Based Precautions](#). This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.

Updated Quarantine Guidance



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For asymptomatic individuals (cont.):

Although not preferred, ICFs could consider waiving quarantine for fully vaccinated individuals following prolonged close contact with someone with COVID-19 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or individuals) when other options are unsuccessful or unavailable.

These decisions could be made in consultation with public health officials and infection control experts.

Updated Quarantine Guidance



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Fully vaccinated people who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure.

If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

As of now, the CDC has not set a time limit regarding how long those who have been fully vaccinated may be exempt from quarantine. Testing for COVID-19 should continue per facility protocol and CMS requirements, including for those who are fully vaccinated.

Updated Quarantine Guidance



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For individuals who are not fully vaccinated:

- Individuals who leave the facility must be considered to have “unknown COVID-19 status” and quarantined according to the CDC guidance if:
 - they had exposure or close contact with a person who is COVID-19 positive, or who was exhibiting symptoms of COVID-19 while awaiting test results.

Updated Quarantine Guidance



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For individuals who are not fully vaccinated:

- While the CDC still endorses a 14-day quarantine period, they offer options to reduce quarantine time. Local public health authorities make the final decisions about how long quarantine should last (or DSHS region if there is no local health department), based on local conditions and needs. Options for reduced quarantine include:
 - Stopping quarantine after day 10 without testing
 - Stopping quarantine after day 7 after receiving a negative test result (test must occur on day 5 or later)

Updated Quarantine Guidance



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For individuals who are not fully vaccinated:

- A provider may choose to follow the new CDC guidance related to a shortened quarantine period. Consult with your local health department on if either of these quarantine options may be used with facility staff and individuals.

Note: Individuals stopping quarantine should continue to be watched for symptoms until 14 days after exposure. If they have symptoms, then they should immediately be isolated and the local public health authority or healthcare provider should be contacted. Follow all recommendations from the CDC on when to quarantine.



COVID-19 Vaccine Resources

HHSC Long-term Care Regulation published [COVID-19 Vaccine Frequently Asked Questions \(PDF\)](#).

The resource document answers commonly asked questions about the COVID-19 vaccine.

COVID-19 Vaccine FAQs for Healthcare Professionals

[COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)



COVID-19 Vaccine Resources

HHSC & DSHS have published [Long-term Care COVID-19 Vaccination Options \(PDF\)](#).

The document outlines four options available to receive the COVID-19 vaccine.

- **Option 1:** Enroll as a Texas Vaccine Provider with DSHS to directly receive and administer the vaccine
 - **Option 2:** Partner with vaccinators with whom there is an existing vaccination relationship
 - **Option 3:** Contact local vaccine providers, which includes local or regional health departments, EMS, or pharmacies
 - **Option 4:** Contacting DSHS if facility is unable to find a solution
-
- *All necessary contact information is provided in the document.*



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COVID-19 Vaccine Resources

Pfizer-BioNTech COVID-19 vaccine

[Pfizer-BioNTech COVID-19 Vaccine Information | CDC](#)

Moderna COVID-19 Vaccine

[Moderna COVID-19 Vaccine Information | CDC](#)

Janssen COVID-19 Vaccine (Johnson & Johnson)

[Johnson & Johnson's Janssen COVID-19 Vaccine Information | CDC](#)

Johnson & Johnson Vaccine

[DSHS statement on Johnson & Johnson Vaccine](#)

DSHS is asking vaccine providers in Texas to pause all administration of the Johnson & Johnson/Janssen COVID-19 vaccine following [the recommendation](#) from the CDC and FDA.

The pause is recommended following reports of blood clots in six individuals 6 to 13 days after receiving the Johnson & Johnson vaccine.

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Johnson & Johnson Vaccine

(continued)

None of the cases of blood clots reported at this time have occurred in Texas.

Please report all adverse events following any vaccination at vaers.hhs.gov.

Note: the Moderna and Pfizer vaccines are still available, considered safe, and being distributed.



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COVID-19 DSHS

Panelist

David Gruber

Associate Commissioner for Regional and
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COVID-19 Updates

Panelist

Dana Williamson

Director, Policy Development and Support
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- Updates



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COVID-19 Updates

Panelist

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Policy Development Support Office
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-
- Updates
 - Q&A

COVID-19 Q&A

Panelist

Kirsten Notaro, MA
ICF Policy Specialist
Policy, Rules and Training
Long-term Care Regulatory

-
- COVID-19 Q&A
 - Live Q&A



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COVID-19 Q&A

Question:

Do ICF's still have to screen visitors?

Answer:

Regardless of visitor type or the facility's visitation designation, all ICF's are required to screen all visitors for signs or symptoms of COVID-19.

A visitor may not participate in a visit if the visitor has signs and symptoms of COVID-19 or active COVID-19 infection.



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COVID-19 Q&A

Question:

Do visitors still need to be escorted during their visit?

Answer:

Regardless of visitor type or the facility's visitation designation, staff no longer have to escort visitors to and from the visitation area once they have passed screening and entered the facility.



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COVID-19 Q&A

Question:

Can a visitor choose whether or not they wear PPE?

Answer:

No. Regardless of visitor type or the facility's visitation designation, all visitors must wear a facemask over both the mouth and nose throughout the visit.

For individuals who rely on lip reading or facial cues for communication needs, the visitor may use face masks with a clear screen over the mouth.



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COVID-19 Q&A

Question:

Do individuals have to wear PPE during visits?

Answer:

Regardless of visitor type or the facility's visitation designation, the individual must wear a facemask or cloth face covering over both the mouth and nose (if tolerated) throughout the visit.

(Continued on the next slide)



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COVID-19 Q&A

(answer continued)

An individual may remove their facemask or face covering to eat or drink during a visit, but a visitor must not remove their facemask or cloth face covering during the visit or while in the facility or on the facility campus.

If an individual does not tolerate wearing a face mask or face covering, the facility documents that in the individual's record.



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COVID-19 Q&A

Question:

Do visitors have to maintain physical distance with the person they are visiting?

Answer:

Regardless of visitation designation of a facility, essential caregivers and end-of-life visitors do not have to maintain physical distancing between themselves and the individual they are visiting but must maintain physical distancing between themselves and other persons in the facility.

(continued on the next slide)



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COVID-19 Q&A

(answer continued)

Regardless of visitation designation of a facility, salon services visitors do not have to maintain physical distancing between themselves and each individual they are visiting, but they must maintain physical distancing between themselves and all other persons in the facility.

If a facility has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, an individual may choose to have close or personal contact with their visitor during the visit. The visitor must maintain physical distancing of at least six feet between themselves and all other persons in the facility.



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COVID-19 Q&A

Question:

Are ICF's still expected to require documentation of a test showing COVID-19 negative status for any visitor types?

Answer:

No. Regardless of visitor type or the facility's visitation designation, a negative COVID-19 test result is no longer required for any visitor type.

An ICF cannot require a visitor to provide documentation of a negative test result prior to visitation.



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COVID-19 Q&A

Question:

Can an ICF implement only portions of the expanded visitation? For example, may a facility only allow general visitation and not essential caregivers?

Answer:

If a facility has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, they are required to allow indoor visits, outdoor visits, end-of-life visits, and visits of persons providing critical assistance, including essential caregivers for individuals.



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COVID-19 Q&A

(continued)

If a facility has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff, the facility must allow limited personal visitation. An ICF must receive an approved general visitation designation from HHSC before it can begin permitting outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades, and must allow these types of visits upon receiving an approved visitation designation.

An ICF that does not meet the criteria for a visitation designation must permit closed window visits, essential caregiver visits and end-of-life visits for individuals regardless of their COVID-19 status.



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COVID-19 Q&A

Question:

What does it mean to “offer” a vaccine?

Answer:

Offering a vaccine is different from administering a vaccine; the facility does not have to actually administer doses.

If the individuals were vaccinated or offered vaccinations at an onsite or offsite clinic, the facility can follow the less restrictive rules, as long as documentation is maintained.

Additionally, if the individuals are offered vaccinations (onsite or offsite) but choose to not receive the vaccine, the facility can follow the less restrictive rules, as long as documentation is maintained.



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COVID-19 Q&A

Question:

Do ICFs have to be approved for visitation designation for persons deemed as end-of-life visitors?

Answer:

No. All ICF's are required to offer end-of-life visits for any individual at or near end of life, with or without receiving hospice services; or an individual whose prognosis does not indicate recovery. This type of visit must be offered regardless of COVID-19 status (ie. COVID-19 negative, COVID-19 positive, COVID-19 unknown).



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COVID-19 Q&A

Question:

Do ICFs have to be approved for visitation designation for persons deemed as essential caregivers?

Answer:

No. All ICF's are required to offer essential caregiver visits for all individuals, regardless of COVID-19 status (ie. COVID-19 negative, COVID-19 positive, COVID-19 unknown).



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COVID-19 Q&A

Question:

Are there differences in essential caregiver visits for a facility that has offered and documented the vaccine vs a facility that has not offered the vaccine?

Answer:

Yes.

(continued on the next slide)



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COVID-19 Q&A

	Vaccine offered and documented	Vaccine not offered
Number of designated essential caregivers	Up to 2 essential caregivers (ECGs) can be designated per individual	Up to 2 essential caregivers (ECGs) can be designated per individual
ECG visiting at the same time	Up to 2 ECGs can visit at the same time	Each ECG visit is limited to 1 ECG at a time
ECG badges required	Document the identity of each ECG in the individual's chart but NO badge required	Document the identity of each ECG in the individual's chart but badge required

COVID-19 Q&A

Question:

Are ICFs still required to use a plexiglass booth or barrier for indoor visits?

Answer:

If a facility has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, indoor visitation no longer requires the use of a plexiglass booth or barrier.

If a facility ***has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff***, indoor visitation still requires the use of a plexiglass booth or barrier that has been approved by the Life Safety Code PM in that region.



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COVID-19 Q&A

Question:

If a resident has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?

Answer:

If a resident recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission-based precautions, the resident does not need to be quarantined upon readmission to the facility for the remainder of this 90-day period, as long as the resident remains asymptomatic.

(continued on next slide)



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COVID-19 Q&A

(continued from previous slide)

HHSC and DSHS recommend that all residents who are positive for COVID-19 stay in isolation until they meet the criteria for the discontinuation of transmission-based precautions.

These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

Once the resident has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the resident upon return to the facility.



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COVID-19 Q&A

Question:

Can an individual leave the facility and attend day habilitation?

Answer:

The individual has the right to leave the home to attend day habilitation, work, family outings, and participate in community activities. The facility must ensure individual's have the opportunity to participate in social, religious, and community group activities.

(Continued on the next slide)



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COVID-19 Q&A

(answer continued)

If physical distancing and infection control protocols are not maintained at the day habilitation program, the program provider must determine if they would like to contract with that provider or determine what other options might be available if the individual wishes to attend.

DSHS has released [the DSHS Checklist for Day Habilitation Sites](#) to provide guidance during the pandemic.



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Questions?

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Thank you!

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